

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Coppens et al.

Serial No.: 08/898,736

July 23, 1997 Filed:

Title: PROCESS FOR THE

PREPARATION OF MALTED

CEREALS

Group Art Unit: 1761

Examiner: C. Sherrer

CERTIFICATE OF MAILING

I hereby certify that this paper is deposited with the U.S. Postal Service as first-class mail in an envelope addressed to:

Commissioner of Patents & Trademarks, Washington, D.C.

20231, on this date.

10/3/01 Registration No. 30, 192

Attorney for Applicants

#### DECLARATION RE ATCC DEPOSIT

Honorable Commissioner of Patents and Trademarks Washington, D.C. 20231

#### Dear Sir:

The undersigned attorney certifies that the following microorganisms are on deposit with the American Type Culture Collection:

- a) Rhizopus oryzae NRRL 1427, now assigned PTA-3670;
- b) Rhizopus oryzae NRRL 1891, now assigned PTA-3671;
- c) Rhizopus oryzae ATCC 4858, now assigned PTA-3627;
- d) Aspergillus oryzae ATCC 14156, now assigned PTA-3628; and
- e) Rhizopus oryzae ATCC 9363, now assigned PTA-3629.

As indicated in the attached copies of the deposit forms, and in accordance with 37 CFR 1.808 and MPEP 2404, the aboveidentified microorganisms will be irrevocably and without

restriction or condition released to the public upon issuance of a patent on the present application.

Respectfully submitted,

FITCH, EVEN, TABIN & FLANNERY

Bv

James P. Krueger

Registration No. 35,234

OCT 0 3 2001

Date:

Fitch, Even, Tabin & Flannery 120 So. LaSalle St., S/1600 Chicago, IL 60603-3406

Phone: 312/577-7000

# **American Type Culture Collection**



10801 University Blvd., Manassas, VA 20110-2209 Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

	ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED.  1. Name of deposit. If microorganism, give complete scientific name including genus and species and source of material; if virus, give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source.  FUNG:  Rhiropus ORYMAC ATCC No. 4853
2	Strain designation (i.e., number, symbols, etc.) ATCC No. 4858  The strain designation must correspond with the vial labels.
3	. Is this an original deposit under the Budapest Treaty? 415
4	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. 455 ATCC NO 455
5	. Is this deposit a mixture of microorganisms or cells?
6	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.  Same As ATCC 4858
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).  \$\int AMU AS ATCC 4858\$
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.
	b. If deposit is hybridoma, what is the isotype of antibody produced?
8.	Is this strain hazardous to humans? NO Animals? NO Plants? NO Plants? NO If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].
9.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions <b>must</b> be answered:
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering n will nsure the dep sit is not available until the patent has issued. Yes No _X
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries <b>not</b> signatory to the Budapest Treaty? Yes No X

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannet restrict it from further distribution.

After a U.S. patent issues and we are so notiful USPTO Rules and Regulations (37 CFR 1		e culture avail	able to anyone	who requests it, as allowed under
10. ATCC will notify you of your ATCC number Name of individual to notify: <u>James</u>	er after confirmation o	f viability test	ing is complete.	
Name of individual to notify:	Phone: <u>3,</u> )	1-577-7	COL	E-mail: JAKAVECT FITCHE
11. Payment by check, or credit card (Masterd for billing have been made and approved.	card, VISA or America	an Express),	must accompar	ly the deposit unless prior arrangements
Purchase Order No.		Check i	No	***************************************
Credit Card number. Please indicate Maste	erCard, VISA, or AE.			
Exp. Date:	Name showr	n on card:	(Please type or	print clearly.)
			(Flease type or	print cleany.)
Signature of card holder				
PAYMENT: ATCC MUST HAVE A BILLING AD	DRESS, CONTACT I	PERSON, PH	IONE AND FAX	NUMBER FOR ALL DEPOSITS:
Fitch Even TAb. N. F	IANNERY - 5	U. FE 10	200	
1205 LoSalle St.	Chicago	16 60	0603	
Phone: 312-577-7000	Fax: <i>313</i>	7-577	-7007	
12. Name, address, telephone and facsimile n	umber of your attorns	ev of record.		•
JAMES KRUEGER FITCH E	VEN TABIN FF	LANKRY	Si. 16 16	00 1205 LaSalle St.
Lanes Krueger Fitch E Chicago, IL 40603	. (Ref	f: Docket or	Case No. 7	1482
13. MUST BE COMPLETED. Deposited on be company or institute and not an individual.)	half of: (Verify with yo	our managem	ent who owns t	he deposit. The owner is usually a
I understand and agree that the deposit mag (at least 30 years after the date of deposit of longer), and that if a culture should die or be respinsibility to replace it with a living cult embry is, and seeds, it is my responsibility	r 5 years after the d e destroyed during ure of the same org to supply a sufficier	ate of the me the life of the anism or cel nt quantity fo	ost recent reque e patent or the I. In the cases or distribution t	est for the deposit, whichever is period of time so specified, it is my of viruses, cell cultures, plasmids, for the period of time specified above.
JAMES P. KRUEGER (	Jan M. K	my		AUG 0 2 2001
Typed Name	Sigh	ature	1000	Date
Address: 120 5 LoSalle 31	. Chicago	, 12	60603	
JAMES P. KRUCCER ( Typed Name  Address: 120 S CoSelle Si Phone: 312-571-7000 F	ax: <u>312-577</u>	1.7007	E-mail:	Krue firehesen com
ADDRESS SHIPMENTS AND FORM TO THE		Patent D America 10801 U	Depository n Type Culture niversity Blvd. as, VA 20110-2:	Collection
STORAGE: Cultures are stored for 30 years from required under the rules of patent offices in most FEES: For current fees, check our Web site at (703) 365-2700 ext. 320. All fees are subject to	ost countries. www.atcc.org, reque			
ATCC USE ONLY: ATCC DESIGNATION		REC'D		
Name of Deposit		Strain De	signation:	

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	FUNGI ASPIRGITIUS ORYZAC ATCC NO. 14156					
^	Strain designation (i.e., number, symbols, etc.) ATCC NO. 14156					
۷.	The strain designation must correspond with the vial labels.					
3.	Is this an original deposit under the Budapest Treaty? 4ES					
4.	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation.					
5.	Is this deposit a mixture of microorganisms or cells?					
<b>3</b> .	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.					
	SAME AS ATCC 14156					
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).  5 AMC AS ATCC 14156					
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.					
	b. If deposit is hybridoma, what is the isotype of antibody produced?					
3.	Is this strain hazardous to humans? No Animals? No Plants? No If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].					
€.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions <b>must</b> be answered:					
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If y s there are no restrictions on distribution. Answering n will nsure the deposit is not available until the patent has issu d. Yes No					
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries <b>not</b> signatory to the Budapest Treaty? Yes No _X If yes state which countries.					

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cann t restrict it from further distribution.

After a U.S. patent issues and we are so notif USPTO Rules and Regulations (37 CFR 1	fied, ATCC makes the .808 [a][2]).	culture avail	able to anyone	who requests it, as allowed under
10. ATCC will notify you of your ATCC number Name of individual to notify:	r after confirmation of	viability testi	ng is complete	
Name of individual to notify:	Phone: 31)	1-577-7	COL	E-mail: JAKAJEW FITCHE
<ol> <li>Payment by check, or credit card (Masterd for billing have been made and approved.</li> </ol>				
Purchase Order No		Check N	No	
Credit Card number. Please indicate Maste	erCard, VISA, or AE.			
Exp. Date:	Name shown	on card:		~
			(Please type or	print clearly.)
Signature of card holder				
PAYMENT: ATCC MUST HAVE A BILLING AD				
FITCH EVENTAB.N.F.	LANNERY - S.	J. FE 16	.00	<
1205 LoSalle St.	Chicago	16 60	603	
FITCH EVEN TAB. N. F. 1205 LoSalle St.  Phone: 313-577-7000	Fax:	1-577	-7007	
12 Name address telephone and facsimile n	umbar of your attacha	v of rocord		
JAMES KRUEGER FITCH E	VEN TABINIF	LANNERY	Su. 16 16	00 1205 LaSalleSt.
LAMES KRUEGER FITCH E. Chicago IL 60603	(Ref	· Docket or C	Case No. 70	7482
<ol> <li>MUST BE COMPLETED. Deposited on be company or institute and not an individual ).</li> </ol>	half of: (Verify with yo	our managem	ent who owns t	he deposit. The owner is usually a
company or institute and not an individual.)	<u>CANGIII</u>	1.s.c.	<del></del>	
I understand and agree that the deposit may (at least 30 years after the date of deposit o I nger), and that if a culture should die or b responsibility to replace it with a living cult embry s, and seeds, it is my responsibility	r 5 years after the da e destroyed during t ure of the same orga	ate of the mo the life of the anism or cell	est recent requ e patent or the . In the cases	est for the deposit, whichever is period of time so specified, it is my of viruses, cell cultures, plasmids,
JAMES P. KOUELED (	D. PK			AUG 0 2 2001
Typed Name	Sigh:	ature		Date
JAMES P. KRUEGER ( Typed Name  Address: 120 5 Loselle St	Chicago	16	60403	
7 2 572 7 2 2	2:1 573	2.0		000
Phone: 312-577-7000 F	ax: <u>3/ A - 3 / /</u>	1001	E-mail:	KRUER FIFERESCH. Com
ADDRESS SHIPMENTS AND FORM TO THE	ATTENTION OF:	Americar 10801 Ur	epository n Type Culture ( niversity Blvd. as, VA 20110-22	
STORAGE: Cultures are stored for 30 years from the stored for 30 years from the stored under the rules of patent offices in most FEES: For current fees, check our Web site at (703) 365-2700 ext. 320. All fees are subject to	st countries. www.atcc.org, reques			•
ATCC USE ONLY: ATCC DESIGNATION		REC'D		
Name of Deposit		Strain Des	ionation:	

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	FUNGI; Rhizopus ORYZAR ATEC No. 4363					
2.	Strain designation (i.e., number, symbols, etc.) ATCC No. 936-3					
	The strain designation must correspond with the vial labels.					
3.	Is this an original deposit under the Budapest Treaty? 45.5					
4.	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. 415 ATCC No 9363					
5	Is this deposit a mixture of microorganisms or cells?					
6.	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.					
	SAME AS ATEC 9363					
7.	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).  SAME AS ATCC 9363					
	27/11 43 71/22 4363					
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.					
	b. If deposit is hybridoma, what is the isotype of antibody produced?					
3.	Is this strain hazardous to humans?  Animals?  Plants?  Plants?  If yes, what is the recommended biosafety level for working with this strain?  (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].					
€.	Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:					
	a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is n t available until the patent has issued. Yes No _X					
	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries n t signatory to the Budapest Treaty? Yes No If yes state which countries.					

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannet restrict it from further distribution.

USPTO Rules and Regulations (37 CFR 1.808	8 [a][2]).			
10. ATCC will notify you of your ATCC number af Name of individual to notify:	P. KRUECIE	ability testing is comple		
Fax: 312-577-7007	Phone: <u>3/ ) -</u>	5// /cck	E-mail: JAKAJE ( +1+0	<u>n</u> (
<ol> <li>Payment by check, or credit card (Mastercard for billing have been made and approved. ATC</li> </ol>				ent
Purchase Order No.		Check No		
Credit Card number. Please indicate MasterCa	ard, VISA, or AE			
Exp. Date:	Name shown o	n card:	or print clearly.)	_
Signature of card holder		(Please type	or print clearly.)	
PAYMENT: ATCC MUST HAVE A BILLING ADDR	ESS, CONTACT PE	RSON, PHONE AND F	AX NUMBER FOR ALL DEPOSITS:	
FIRCH EVEN TAB. N. FlA.	NNERY - SU.	HE 1600		
1205 LoSalle St.	Chicago 1	L 60603		
Phone: 312-577-7000	Fax:	577-700	7	
12. Name, address, telephone and facsimile numl	ber of your attorney of	of record.		
JAMES KRUEGER FITCH EVE	~ TABINIFIA	NNEAY, Sitt	1600, 1205 La Salle St.	
12. Name, address, telephone and facsimile numl  Lames Kriger Fitch Eve.  Chicago, IL 60603	(Ref: [	Docket or Case No	70482	
13. MUST BE COMPLETED. Deposited on behal company or institute and not an individual.)	f of: (Verify with your	management who owr	is the deposit. The owner is usually a	
	<u>.</u>			
I understand and agree that the deposit may no (at least 30 years after the date of deposit or 5 longer), and that if a culture should die or be d r sp nsibility to replace it with a living culture embryos, and seeds, it is my responsibility to	years after the date lestroyed during the of the same organi supply a sufficient o	of the most recent re elife of the patent or t sm or cell. In the cas quantity for distribution	equest for the deposit, whichever is he period of time so specified, it is m as of viruses, cell cultures, plasmids, on for the period of time specified abo	ıy
JAMES P. KRUEGER Typed Name	Signatu	wy	Date	_
Address: 120 5 LoSelle St.	Chicago	16 6060	3	
Address: 120 5 LoSelle St.  Phone: 312-571-7000 Fax:	312-577-	2007 E-mail:	pkare@fitchesen.com	<u></u>
ADDRESS SHIPMENTS AND FORM TO THE ATT	TENTION OF:	Patent Depository American Type Cultu 10801 University Blvd Manassas, VA 20110	i.	
STORAGE: Cultures are stored for 30 years from required under the rules of patent offic is in most of FEES: For current fees, check our Web site at ww (703) 365-2700 ext. 320. All fees are subject to ch	countries. w.atcc.org, r quest a		•	S
ATCC USE ONLY: ATCC DESIGNATION	RE	:C'D	V.T. RESULT	
Name of Denosit		Strain Designation:		

Form BP/1 Rev. 2/00

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under

9

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;	2. Strain designation (i.e., number, symbols, etc.) NRL 1472  The strain designation must correspond with the vial labels.				
;	3. Is this an original deposit under the Budapest Treaty?				
4	Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation.				
	i. Is this deposit a mixture of microorganisms or cells?				
6	Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.  Same As week 1472				
7	Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).  SAME AS NRRL 1472				
	a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.				
	b. If deposit is hybridoma, what is the isotype of antibody produced?				
8.	Is this strain hazardous to humans? No Animals? No Plants? No If yes, what is the recommended biosafety level for working with this strain? (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm].				
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	b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries <b>not</b> signatory to the Budapest Treaty? Yes No				

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10. ATCC will notify you of your ATCC number Name of individual to notify:	after confirmation of	f viability testi	ng is complete.	
Fax: 312-571-7007	Phone: 31.	2-577-	7000	E-mail: JPK. e.c. & Firch even. C
11. Payment by check, or credit card (Masterca for billing have been made and approved. A	rd, VISA or Americ	an Express), r	nust accompany	the deposit unless prior arrangements
Purchase Order No.		Check N	lo	
Credit Card number. Please indicate Master	Card, VISA, or AE.			
Exp. Date:	Name show	n on card:		
			(Please type or prin	nt clearly.)
Signature of card holder				
PAYMENT: ATCC MUST HAVE A BILLING ADD		<u></u>		UMBER FOR ALL DEPOSITS:
FITCH EVEN TABINFFIN	NNERLY -	Suite 1	600	
	Chicago 1	4 600	,03	
Phone: 312-577-7000	Fax:	7 - 577	7007	<del></del>
12. Name, address, telephone and facsimile nur <u>JAMCS KRUCCE FITCH EU.</u> <u>Chicago IL 60603</u>	mber of your attorne	ey of record.	. 5, 4	1/21 /20 51-6// 6
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- CHIERD 12 40003	(Ref	E Docket or C	ase No	<del>43</del> <i>C</i> )
<ol> <li>MUST BE COMPLETED. Deposited on beha company or institute and not an individual.)</li> </ol>	alf of: (Verify with your CALG !!!	our managem	ent who owns the	deposit. The owner is usually a
understand and agree that the deposit may a lat least 30 years after the date of deposit or something and that if a culture should die or be responsibility to replace it with a living culture mbry s, and seeds, it is my responsibility to a market of the seeds of th	5 years after the d destroyed during e of the same org	ate of the mo the life of the anism or cell	st recent reques patent or the pe In the cases of	of the deposit, whichever is eriod of time so specified, it is my viruses, cell cultures, plasmids,
Typed Name	Sign	ature		Date
Address: 120 S. La Salle St	Chicag	10 16	6060	3
Address: 120 5 La Salle St Phone: 312-577-7000 Fax	.: 312-577-	7007	E-mail: <u>J<i>PKR</i> u</u>	iel Fitchers.com
ADDRESS SHIPMENTS AND FORM TO THE AT	TTENTION OF:	10801 Ur	epository Type Culture Col iversity Blvd. s, VA 20110-2209	
TORAGE: Cultures are stored for 30 years from equired under the rules of patent offices in most EES: For current fees, check our Web site at work 703) 365-2700 ext. 320. All fees are subject to contact the contact of the subject to contact the contact of the subject to contact of the subject	countries. ww.atcc.org, reques			_
TCC USE ONLY: ATCC DESIGNATION		REC'D		V.T. RESULT
lame of Deposit		Strain Des	anation:	

Form BP/1 Rev. 2/00

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10801 University Blvd., Manassas, VA 20110-2209 Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

## ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED. 1. Name of deposit. If microorganism, give complete scientific name including genus and species and source of material; if virus, give name, whether plant or animal, and source including geographic location; if cell line, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); if genetic materials, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; if consortia or mixed culture, each component of the mixture must be identified; if seeds, embryos, insect eggs, etc., give common name, scientific name, and geographical source. FUNCT, RHIZUPUS ORYZAC NARL 1891 2. Strain designation (i.e., number, symbols, etc.) NRRL 1891 The strain designation must correspond with the vial labels. 3. Is this an original deposit under the Budapest Treaty? 4654. Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. NO DEDESITE AT ARS 5. Is this deposit a mixture of microorganisms or cells? 6. Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance. 51ME AS NRRL 1891 7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod). SAME AS NRRL 1891 a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics. b. If deposit is hybridoma, what is the isotype of antibody produced? 8. Is this strain hazardous to humans? \_\_\_\_\_\_ Animals? \_\_\_\_\_ Plants? \_\_\_\_\_\_. If yes, what is the recommended biosafety level for working with this strain? \_\_\_\_\_\_. (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm]. 9. Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered: a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes \_\_\_\_ No Xb) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes \_\_\_\_\_ No X If yes state which countries.

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cann t restrict it from further distribution.

10. ATCC will notify you of your ATCC number after confirmation of viability testing is complete.  Name of individual to notify. JANCS P. KALLECT.  Fai: 31.2 577-7000	After a U.S. patent issues and we are so notific USPTO Rules and Regulations (37 CFR 1.8	ed, ATCC makes the o 808 [a][2]).	culture availab	ole to anyone	who requests it, as allowed under
11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangemen for billing have been made and approved, ATCC accepts Purchase Orders in the correct amount:  Purchase Order No	Name of individual to notify:	P. KRUICEL			
Order No. Check	Fax: 3(2-577-7007	Phone: 312	-577-7	000	E-mail: JPKRUCE FIRCH
Credit Card number. Please indicate MasterCard, VISA, or AE.  Exp. Date:	<ol> <li>Payment by check, or credit card (Masterca for billing have been made and approved. A</li> </ol>	ard, VISA or American TCC accepts Purchas	Express), mu e Orders in th	ust accompan ne correct am	y the deposit unless prior arrangemen ount:
Signature of card holder  PAYMENT, ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:  JAMES P. KRULLCL  FITCH EVEN TABINIFIAN CLAY - STIFL 1600  1205 Les Salle St. Chicage 16 G0603  Phone: 312-577-7000 Fax: 312-577-7007  12. Name, address, telephone and facsimile number of your attorney of record.  JAMES KRUCLCE FITCH EVEN TABINIFIAN CLAY - STIFL 1600 1205 LaSalle 16  Chicago 16 G0603  (Ref. Doctor Case No. 70482  13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  LINGE TOWN COMPLETED. Deposited in Rule 9.1 of the Budapest Tr. aty (at least 30 years after the date of the most recent request for the deposit, whichever is longer, as required under the rules of patent offices in most countries.  STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countri	Purchase Order No.		Check No	·	
Signature of card holder  PAYMENT: ATCC MUST HAVE A BILLING ADDRESS. CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:  JAMCS C. KRUCCC  FITCH CVLD TOB.N. FEINNELLY - SWIFE 1600  120 S	Credit Card number. Please indicate Master	rCard, VISA, or AE			
Signature of card holder  PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:  JAMES P. KRUSCCC  FITCH CVEN TABIN FINANCIALY - SVIFE 1600  120 S. Lie Salle St. Chicago IL 60603  Phone: 312-577-7000  Fax: 312-577-7007  12. Name, address, telephone and facsimile number of your attorney of record.  SAMES KRUCCCE, FITCH EVEN TABIN FINANCIALY - SVIFE 1600 120 S La Salle 1  Chicago IL 60603  (Ref: Docket or Case No. 70482  13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.)  Langerly of that if a culture should die or be destroyed during the life of the patent of the period of time so specified, it is my resp nsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above JAMES P. KRUCCK  Typed Name  Address: 120 S. Lo Salle St. Chicago IL 60603  Phone: 312-577-7000  Fax: 312-577-7007  E-mail: JpKRUER Firth CANNICOM  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:  Patent Depository  American Type Culture Collection 10801 University Bind.  Manassas, VA 2010-2209 U.S.A.  STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.  FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call  ATCC USE ONLY: ATCC DESIGNATION.  REC'D VT. RESULT	Exp. Date:	Name shown of	on card:	Please type or i	orint clearly
FITCH EVEN TABIN FRINKLY - SINFE 1000  120 S Liv Salle St. Chicage 16 6063  Phone: 312-577-7000 Fax: 312-577-7007  12. Name, address, telephone and facsimile number of your attorney of record.  SAMES KRUCCE FITCH FUSA TABIN FILMWAY, SINFE 1600 120 S La Salle 1  Chicago 16 6063 (Ref: Docket or Case No. 70482)  13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) CARGII INC.  Inderstand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Triaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is Inger), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above Inverse. Proceedings of the same organism or cell. In the cases of viruses, cell cultures and some organism or cell. In the cases of viruses, cell cultures and some organism or cell. In the cases of viruses, cell cultures and some organism or cell. In the cases of viruses, cell cultures and some organism or cell. In the cases of viruses, cell cultures. Proceedings of the same organism or cell. In the cases of viruses, cell cultures.  Signature Date  Address: 120 S. Lo Sallé St. Chicago 16 Good 3  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository American Type Culture Collection 10801 University Blvd.  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository American Type Culture Collection 10801 University Blvd.  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository American Type Culture Collection 10801 University Blvd.  ADDRESS SHIPMENTS AND FORM TO THE ATTEN	Signature of card holder		ν.	icase type of p	
Phone: 312-577-7000 Fax: 312-577-7007  12. Name, address, telephone and facsimile number of your attorney of record.  312-577-7000 Say The Say	PAYMENT: ATCC MUST HAVE A BILLING ADD	DRESS, CONTACT PE	ERSON, PHOI	NE AND FAX	NUMBER FOR ALL DEPOSITS:
Phone: 312-577-7000 Fax: 312-577-7007  12. Name, address, telephone and facsimile number of your attorney of record.  SAMES KRUCCE FIRCH EVEN TABIN OF HANCAY, SUITE 1600 1205 LaSe 1/L/1  Chicap 16 00603 (Ref: Docket or Case No. 70482)  13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) CAAGII INC.  I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Triaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is Inger), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above SIA STORAGE. Chicago 16 GOGO 3  Phone: 312-577-7000 Fax: 312-577-7007 E-mail: 19KRU-B FITCH CATA CEM  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository American Type Culture Collection 10801 University Bluc. AND Anassas, VA 20110-2209 U.S.A.  STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries. FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.	FITCH EVEN TABINTAL	INNERLY	Suite 16	00	
12. Name, address, telephone and facsimile number of your attorney of record.    SAMES   KRUCCE   FIRCH EVEN   Tabin   Flavorary   Suita   1600   120 Sta Selfe   1600   160	120 S. Lu Salle St.	Chicago 16	606	03	
12. Name, address, telephone and facsimile number of your attorney of record.    SAMES   KRUCCE   FIRCH EVEN   Tabin   Flavorary   Suita   1600   120 Sta Selfe   1600   160	Phone: 312-577-7000	Fax: 312	- 577 -	7007	
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Address: 120 S La Salle SF. Chicago IC GOGOS  Phone: 312-577-7000 Fax: 312-577-7007 E-mail: JPKRUE B FIETH CAUSE COMMENTS AND FORM TO THE ATTENTION OF:  Patent Depository  American Type Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.  FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call  ATCC USE ONLY: ATCC DESIGNATION REC'D.  Residue of the most recent request for the deposit, whichever is longer, as recommended the rules of patent offices are subject to change.	13. MUST BE COMPLETED, Deposited on beh	alf of: (Verify with your	r managemen	it who owns th	o donosii. The sure is sure!
Typed Name  Address: 12 c S io Salle St. Chicago IL 60603  Phone: 312 - 577 - 7000 Fax: 312 - 577 - 7007 E-mail: JPKRUE & Fitch Cuts. Com  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:  Patent Depository American Type Culture Collection 10801 University Blvd. Manassas, VA 20110-2209 U.S.A.  STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.  FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.  ATCC USE ONLY: ATCC DESIGNATION	I nger), and that if a culture should die or be resp nsibility to replace it with a living culture embryos, and seeds, it is my responsibility to	5 years after the date destroyed during the re of the same organ	e of the most e life of the p ism or cell. Ir	recent requi atent or the protection that the terminate in the cases of the case of the cases of the cases of the case of the c	est for the deposit, whichever is period of time so specified, it is my f viruses, cell cultures, plasmids.
Address: 12 c S Lo Salle St. Chicago IL 60603  Phone: 3/12-577-7000 Fax: 3/12-577-7007 E-mail: JFKRUE RICHARD COM  ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF: Patent Depository American Type Culture Collection 10801 University Blvd. Manassas, VA 20110-2209 U.S.A.  STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries. FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to applied-sci@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.  ATCC USE ONLY: ATCC DESIGNATION	JAMES P. KRUETTE				, ,
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